CCJBH
Council on Criminal Justice and Behavioral Health
20 YEARS of building bridges to prevent incarceration

# Juvenile Justice Workgroup

Friday, May 13, 2022
12:45 – 2:45 PM
In-Person and Virtual

**Workgroup Purpose**: CCJBH provided an update on the Juvenile Justice Compendium and Toolkit contract with the RAND Corporation. The workgroup also featured presentations from county programs where probation and behavioral health work collaboratively to provide convenient behavioral health services to justice-involved youth to optimize successful outcomes.

**Councilmember Advisors:**

Mack Jenkins, *Chief Probation Officer, Ret. San Diego County*

Danitza Pantoja, Psy.D., *Coordinator of Psychological Services, Antelope Valley Union High School District*

**CCJBH Staff:**

Brenda Grealish, *Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)*, Monica Campos, Elizabeth Vice, Kamilah Holloway, Catherine Hickinbotham, Jessica Camacho-Duran, Emily Grichuhin, Paige Hoffman, and Daria Quintero

## I. Welcome & Introductions

Ms. Grealish welcomed participants and reviewed the agenda.

## II. CCJBH Juvenile Justice Compendium and Toolkit Contract

CCJBH's Juvenile Justice Compendium and Toolkit Contract was awarded to the RAND Corporation. The contract was executed on April 13, 2022. CCJBH hosted the Contract Kick-off Meeting with RAND in early May and was joined by the Office of Youth and Community Restoration (OYCR). The contract work plan was reviewed and the finalized work plan will be submitted by June 15, 2022. Ms. Grealish thanked Councilmember Advisors, Chief Jenkins and Dr. Pantoja, for having the vision for the project, as well as system partners and stakeholders for their input.

**Q&A With Councilmember Advisors**

**Q:** Chief Jenkins stated the work done through the contract will be very important for the Council's efforts to improve outcomes for youth involved in the justice system, as well as to support the OYCR.

*****PUBLIC COMMENT*****

No public comment was received.

## III. Collaborative County Behavioral Health Programs for Justice-Involved Youth

Joe Hallett, *Glenn County Behavioral Health Director*
Robert Kesselring, *Sacramento County Health Program Manager*
Melissa Planas, *Sacramento County Program Coordinator*
Levana Adato, *Specialty Program Manager at the Child and Family Guidance Center*

**Glenn County Probation and Behavioral Health Partnership:**

Glenn County is a small county with a population of approximately 28,000, which presents as both an opportunity and a challenge. County staff often have multiple responsibilities and attend the same meetings, which makes innovation and collaboration more viable. Glenn County received a Children's System of Care (CSOC) grant from the Substance Abuse and Mental Health Services Administration 15 years ago, which established collaboration with local law enforcement, probation, school districts, and child welfare to provide intensive wraparound services to youth. Although that grant is no longer in place, there are many new grants and regulations, such as the Mental Health Service Act (MHSA) Innovation funds, that have continued the collaboration and funded positions in the Probation and Sheriff Departments. In 2013, Glenn County became an integrated Health and Human Services Agency, which assisted with multi-system coordination over the last several years. The System-Wide Mental Health Assessment and Referral Team (SMART) program was implemented in 2014 through MHSA Innovation funds. The program offers school-based threat prevention and management through the Mosaic Model that assess for dangers to others and to self. Glenn County partnered with Probation and the Child Welfare Services through Katie A and the Continuum of Care reforms and still maintains the CSOC Memorandum of Understanding. The vision of the CSOC is to "create a single, integrated, strength based, culturally responsive, trauma-informed, and individualized CSOC multi-agency partnership dedicated to improving the lives of children, youth, and their families, through the delivery of comprehensive, coordinated, community-based services and supports." Glenn County has youth and family mental health, substance use disorder, and child welfare services co-located in one CSOC building. Current youth programs that interface with law enforcement and juvenile justice include:

- Promoting Resiliency and Investing in Student Mental Health (PRISM): Funded through the Mental Health Student Services Act (MHSSA) in August 2021 to provide school campus related behavioral health services. The program has increased referrals and awareness of services and resources.

- SMART: Implemented through MHSSA funds. Partner with probation, law enforcement, child welfare, outpatient mental health, and health care providers.
- Juvenile Drug Court: Glenn County Substance Use Disorder (SUD) Services partner with the courts and probation to provide intensive wraparound services to youth who have come into contact with the juvenile justice system.
- Full Service Partnerships: Services provided to all youth who are at risk, or involved with the juvenile justice system.
- Strengthening Families: Evidence-based family skills training program for high-risk youth and families.
- Transitional Age Youth Center: Youth run, youth friendly environment that offers peer support, expressive arts, mentoring and counseling. It serves as a gathering place for different disciplines in the community to meet with clients.

Evidence-based and promising practices used in the programs include:

- 7 Challenges: Used in Juvenile Drug Court to place an emphasis on mutual respect, open dialogue, and internal motivation for youth to address substance use disorders.
- Dyadic Developmental Psychotherapy: Addresses family-centered developmental trauma and attachment.
- Trauma Focused Cognitive Behavioral Therapy (CBT): Focus on trauma-related outcomes. All behavioral health staff are trained and certified in CBT.

Glenn County hosts a variety of collaboration meetings with probation, law enforcement, courts, social services, schools, and healthcare, including monthly multi-agency placement meetings, monthly SMART multidisciplinary team meetings, monthly CSOC system meetings, bi-weekly PRISM multidisciplinary team meetings, monthly Children's Integrated Coordinating Council meetings, child and family team meetings, and quarterly Drug Court Counsel meetings.

Glenn County doesn't have a juvenile hall, so they contract with Tehama County for juvenile hall incarcerations. Probation staff partner to prepare youth for the transition from Tehama County back to Glenn County. Glenn County only has one youth probation officer who attends all of the placement and collaboration meetings. Glenn County does not have a short-term residential treatment placement for justice-involved youth, so youth who are in need of this level of care are placed out of county. There is an assumption that they will not be placed on presumptive transfer, and Glenn County is committed to using telehealth or allowing staff to travel whenever possible to serve their youth.

**Sacramento County Juvenile Justice Diversion and Treatment Program (JJDTP):**

The program began in 2014 through MHSA funding and federal financial participation through Medi-Cal to reduce recidivism and divert youth from further

penetrating into the juvenile justice system. The target population is youth whose behavioral health issues are leading to or exacerbating involvement with the juvenile justice system and may require community-based services. The program initially served 92 youth who were already on probation and, in 2018, 39 additional slots were added to focus on diversion.

To be eligible for the program, youth must meet criteria for a mental health diagnosis and have functional impairment created by the symptoms; have criminal justice involvement or risk by either being on formal probation or having a diversion referral; be between the ages of 13-18 at admission; either be eligible for Medi-Cal or uninsured; and be in need of intensive community-based services. The referral process begins with the Probation Supervisior and Senior Mental Health Counselor who collaborate to determine if the youth is appropriate for the program. The Senior Mental Health Counselor examines the initial evaluation and refers the youth to River Oak Center for Children for treatment. While the provider is assessing and determining the appropriate course of treatment for the youth, the counselor provides bridging mental health services and monitors the youth's progress while they are in the program. If the youth is found to be eligible for the program, they are referred to the River Oak Center for Children and an assessment is completed. If the youth is not eligible for the program, or the youth/family are not interested in the program, the Senior Mental Health Counselor will assist with linkage to another provider or lower level of service.

Probation provides intensive probation supervision, including field supervision, to youth in the program. The field officers are dedicated to the Juvenile Justice Diversion and Treatment Program (JJDTP) program and all youth on their caseload are involved, which allows for probation officers to partner with the mental health team to address the youth and family's needs. The probation officers also provide a safety role to the program by doing clearance at the homes before home visits. River Oak Center for Children is a Full Service Partnership that operates under "whatever it takes." They have multiple roles within their mental health program, including a facilitator, psychiatrist, youth advocate, family advocate, and housing benefit specialist. The services are focused on the youth's desires and has flexible spending to remove potential barriers to the youth's success. Future Planning Meetings are hosted quarterly to discuss goals and identify problems and solutions. The meetings include the youth, family, the mental health team, probation officers, the school, and any other identified parties that impact the youth. The next layer of collaboration is a weekly Multidisciplinary Team Meeting comprised of the professionals involved in the youth's treatment to give updates on the youth's status of the youth's services. The last layer of collaboration is the JJDTP Semiannual Workgroup Meeting, comprised of system-level managers and supervisors (e.g., mental health, probation, court, public defenders district attorney, substance use

treatment provider, school district) to discuss policy change and upcoming legislation, as well as strengths and needs of the program.

Successful outcomes of the project include keeping youth and families housed and addressing housing instability; keeping youth out of the psychiatric hospital; and increased engagement of substance use treatment services. Growth opportunities include recidivism related to returning to justice placement and supporting young people in continuing to engage in substance use treatment.

The JJDTP program began in 2015 and has served 916 youth. Of those youth, 43 percent of them have received a successful discharge, including receiving a lower level of mental health services elsewhere, have been referred to a managed care plan, or have completed mental health services. The River Oak Center for Children utilizes many evidence-based practices in their treatment (e.g., Multisystemic therapy, trauma focused cognitive behavioral therapy, transition to independence).

**Los Angeles County Multisystemic Therapy:**

The Child and Family Guidance Center in Antelope Valley offers full service partnerships, wraparound services, outpatient services, school-based services, and Multisystemic therapy (MST). MST is a community-based, family-driven treatment for antisocial/delinquent behavior in youth that focuses on empowering caregivers to solve current and future problems. The client is the entire ecology of the youth, including the family, peers, school, neighborhood, community provider agencies, or any other group involved in the youth's life. MST focuses on changing the social ecology to empower positive change and diminish emotional and behavioral difficulties for the youth by first focusing on improving the family function, which will in turn influence the youth's ecology and reduce antisocial behavioral and improve functioning. To be included in MST a youth must be between 12-18 years old and live with a caregiver who is willing to participate in the program. The youth must exhibit multiple risk behaviors, antisocial behavior, school/truancy issues, substance abuse, verbal/physical aggression, or be at risk for further justice involvement or out of home placement. Exclusionary criteria for the MST program include youth living independently; sex offending in the absence of other anti-social behavior; youth with moderate to severe autism; actively homicidal, suicidal or psychotic; or youth whose psychiatric problems are the primary reason leading to the referral.

MST treatment ranges from three to five months and includes a therapist who provides intensive services to the youth and family multiple times a week. The therapists are available 24/7 and have small caseloads of four to six families. MST focuses on real world functioning, utilizing strengths in their natural environments (e.g., home, school, prosocial/recreational activities, peer groups, community). MST provides parents with skills and resources to independently address difficulties and empower the youth and families to cope with future

problems and change known determinants of behavior problems. Currently MST programs in Los Angeles County can only receive referrals from probation and for youth on formal probation; however, the county recently identified 15 high schools that have a high level of need for services. One of these schools, Little Rock High School, is able to refer youth to the Child and Family Guidance Center who meet the eligibility criteria.

When a youth is referred to the MST program, the desired outcomes of the family and other key participants are discussed and the overarching goals are determined. The “fit” is conceptualized to determine the behavior associated with the problem, and then intermediary goals are prioritized and interventions are implemented. At the end of the week, the MST team meets with the family to re-evaluate what worked and what could be improved, and necessary changes are made for the upcoming week. MST interventions include conceptualized fits; detailed sequences of events that lead to a behavior and identification of where the sequence could be disrupted; discussion of home structure, including rules, rewards and consequences; communication skills; problem solving skills; strengthening the caregivers' relationship with the school; and role playing with the caregivers. “Finding the Fit” is a weekly exercise done with the family to identify factors resulting in a behavior. An example would be a child with a substance use disorder. The therapist would speak with the caregivers and youth to determine what drives the behaviors and note the contributing factors for the youth’s entire ecology. Possible examples of contributing factors include drug using peers; access to marijuana; conflicts with caregivers; access to disposable income; lack of consequences at home; boredom; modeling of use in community; and a low level of monitoring by the caregiver.

MST includes a focus on quality assurance, and the families are provided with a 28-question survey once a month to see if any improvements are necessary. MST supervisors and consultants are also rated bi-monthly so that everyone is held accountable. MST clinicians are required to do an initial training and have ongoing training support booster courses every three months. Based on the 2018 MST Data Report, it was found that, of the 12,143 cases, 91 percent of clients were able to stay at home, 86 percent were either in school or working, and 87 percent were not re-arrested. MST is successful because it targets known causes of delinquency (e.g., family relations, peer relations, school performance, community factors); is family-driven and occurs in the youth’s natural environment; develops positive interagency relations; accountability of the youth/family and the MST clinicians; and continuous quality improvement occurs at all levels.

**Q&A With Councilmember Advisors**

**Q:** Chief Jenkins stated the presentations displayed the level of collaboration that CCJBH has been interested in and the information will be very helpful for the work we want to do. He asked Mr. Hallett what agencies are involved in the CSOC.

**A:** Mr. Hallett stated it includes child welfare services, SUD services, mental health, and eligibility.

**Q:** Chief Jenkins asked if probation is represented.

**A:** Mr. Hallett stated probation is not stationed in the building, but they frequently provide services.

**Q:** Chief Jenkins asked how the youth are referred to the CSOC and how it fits into the continuum of care.

**A:** Mr. Hallett stated youth in the community who need mental health or SUD treatment will receive services through the general outpatient program or specialty programs at the CSOC. Youth are referred either through self-referral or referral from the community.

**Q:** Chief Jenkins asked what type of outcomes are tracked for the youth being served and if they are produced in a report.

**A:** Mr. Hallett stated they partner with child welfare and probation to look at placements, reentry into the system, recidivism, amount of time in the home or community, and timeliness of services. The data is produced in various reports.

**Q:** Chief Jenkins asked Mr. Kesselring and Ms. Planas what skill sets are critical for probation to master to fulfill their role in the JJDTP.

**A:** Mr. Kesselring stated collaboration is the key to the program. It is necessary for probation to have a basic understanding of mental health services and the importance of the voluntary nature of services, even if the youth is on probation. It is also important for probation to be able to share information with the provider agency and work directly with the providers.

**A:** Ms. Planas stated probation officers who have been successful have implemented the skill of “teaming” by providing the mental health provider with updates and utilizing their experience. Motivational interviewing is also a critical skill to motivate youth internally.

**Q:** Chief Jenkins stated he believes motivational interviewing can be taught, but it is the question of delivering it in a highly qualitative manner. In terms of probation sharing data, what limits them from sharing information the program would find relevant?

**A:** Mr. Kesselring stated probation is able to share any information related to behavioral health services, but they aren’t able to share information on legal issues occurring in the youth’s life or issues at the home. Probation does share information such as

when they are planning to do home visits so that the program staff don't go at that time.

**Q:** Chief Jenkins stated that, when engaging with multidisciplinary teams, there is misinformation and misunderstanding around information sharing and what can or can't be shared. There are tools and strategies that can be put in place so that information sharing is at the necessary level.

**Q:** Chief Jenkins asked Ms. Adato how MST changes when there is extensive criminality with the parents or they are on probation or parole.

**A:** Ms. Adato stated the approach doesn't change because the youth is the client and the focus is to assist the youth in getting off probation. MST is a one-stop-shop and they identify early on what needs to be done. If the parents need marriage counseling, mental health counseling, or assistance with criminology, the program can provide those services.

**Q:** Chief Jenkins asked the presenters what are the key components to multi-agency collaboration.

**A:** Ms. Adato stated there is an MST office in the probation building, which helps with collaboration and provides an opportunity for probation officers to personally hand them the referral and for conversation about the treatment.

**A:** Mr. Kesselring stated the Senior Mental Health Counselor in the JJDTP also has an office in the probation building. He stated the multidisciplinary team meetings are critical to collaboration.

**Q:** Chief Jenkins asked how each program defines "risk" in the context of their program. He stated that risk can have different meanings from a delinquency standpoint and a clinical perspective.

**A:** Mr. Hallett said it is used interchangeably to mean danger to self or others; risk for recidivism; at-risk youth; or risk for higher level of care.

**Q:** Chief Jenkins asked if the programs use the term "criminogenic risk." There is literature around it for justice-involved adults and he has found that behavioral health clinicians sometimes use the term risk, but not in the criminogenic sense. He asked what the role of the juvenile court is in the various programs.

**A:** Ms. Planas stated JJDPT provides mental health services to youth in juvenile court and have weekly multidisciplinary team meetings on linkage, services being provided, barriers, problem solving, and using the court to assist with engagement. Mental health providers often work with probation officers to develop the court report so that the youth's mental health information is included.

**A:** Ms. Adato said the MST clinicians go to court with the youth to advocate for them to remain in the least restrictive environment, which is usually home, as well as help the youth manage anxiety around talking to the judge.

**A:** Mr. Hallett said their providers also offer an advocacy role. Due to the small size of Glenn County, county leaders often attend the program graduations and encourage youth in their treatment.

**A:** Chief Jenkins stated the court plays a key role in recidivism reduction for justice-involved youth. Having involvement from the court is critical for a successful multidisciplinary program with youth facing behavioral health issues

**Q:** Ms. Grealish noted the 43 percent success rate for the JJDRP and asked the outcome of the remaining cases.

**A:** Ms. Planas stated sometimes youth don't want to engage in services any longer and since it is a youth-focused program they are not forced into services. Sometimes youth are going to be incarcerated for a long period of time, so their case is closed while they are incarcerated and then reopened once they return to the community. Other reasons include youth moving out of Sacramento County, being put in a placement, or wanting to try another full service partnership.

**Q:** Ms. Grealish asked Ms. Adato what the follow-up period was for the MST outcomes presented.

**A:** Ms. Adato stated they do a follow up after one year and another after 18 months.

**Q:** Ms. Grealish asked what techniques have been successful in engaging youth in services. She noted the use of the courts and motivational interviewing as successful techniques she heard in the presentations.

**A:** Ms. Planas stated JJDRP has youth advocates who are young adults or family members with lived experience of mental illness or justice-involvement that act as a mentor and help to engage the youth in services. Probation also assists with facilitating warm handoffs to the program.

**A:** Ms. Adato stated MST focuses on parenting, which can sometimes result in resentment from the parents when they are required to partake in therapy. The program focuses on validation and an understanding that parents are doing the best they can and that the program is there to support them. They use creative methods such as bringing dinner or coffee to the home to engage the youth and family.

**A:** Mr. Hallett stated their program focuses on intensive wraparound services for the youth and tries to allow freedom for the program to not be strictly clinical. They will go on group field trips or engage in more fun activities. The encouragement and celebration of youth who have graduated from the program also serves as a tool to engage youth in the program.

*****PUBLIC COMMENT*****

**Q:** A participant from the OYCR asked Mr. Hallett how the burden of grant oversight and administration could be relieved or shared with other government agencies for small counties.

**A:** Mr. Hallett stated it would be helpful if grant funds weren't so difficult to use from a policy level. He understands that the stakeholders want outcomes, but the requirements are so segmented. Glenn County does everything almost exclusively in-house, with very few contracts, so he is trying to strategically contract. It is difficult to contract in small counties because everyone knows each other and they don't always trust outsiders to do the work, but trust can be built by viewing the contractor as an expansion of the team. Many grants add line staff or service level staff, but not management or administrative staff, so Glenn County has been advocating to their Board of Supervisors that management positions need to be added to oversee activities, adequately utilize funding, and apply for more funding.

**Q:** The participant asked if JJDRP is a harm reduction model. Are participants incarcerated or kicked out if they are still using drugs? Are incentives and sanctions discussed in the weekly meetings?

**A:** Mr. Kesselring stated the behavioral health portion of the program is a "whatever it takes" approach for substance use prevention and treatment. Youth are not kicked out for using drugs, but probation would have to speak to the incarceration aspect.

**A:** Ms. Planas stated continued drug use may result in incarceration for some youth, but oftentimes probation officers work with the youth and the provider to develop a plan and consider alternatives such as electronic monitoring or home supervision. If high risk behaviors that could result in harm to themselves or others continue, then other alternatives may be discussed. The main incentive for youth to continue with the program is to get off probation, but the program also assists with job searching, enrolling in college, and accessing basic needs. JJDRP partners with the Black Child Legacy to do mentorship activities aimed at engaging youth.

**Q:** The participant asked if JJDRP has an evaluation partner who identifies program outcomes and if there is a report that could be shared.

**A:** Mr. Kesselring stated JJDRP has a research evaluation and performance outcomes units that evaluates all the performance on the program's 13 measures. They have a quarterly and annual report that they will send to CCJBH.

**Q:** The participant asked how often youth go to court. Is it weekly, monthly, or as needed?

**A:** Mr. Kesselring stated it is as-needed when either probation or the court determine the youth needs to attend. It would average to bi-monthly, but as they continue to progress in their treatment it becomes more infrequent.

## IV. Announcements

The next Juvenile Justice Workgroup meeting will be held on July 15, 2022, from 12:45-2:45 PM, at the Board of Parole Hearings, 1515 K St. Suite 550, Sacramento, CA and will be followed by the Diversion and Reentry Workgroup, from 3:00-5:00 PM. The next Full Council Meeting will be on July 29, 2022, from 2:00-4:00 PM, at 8260 Longleaf Dr. Building C-1 Room 101, Elk Grove, CA. CCJBH's upcoming May is Mental Health Awareness Month Activities will be held on May 18, 2022, from 12:00-1:00 PM, and will feature a presentation from the Los Angeles Regional Reentry Partnership on the lived experience perspective. On May 27, 2022, CCJBH will feature a presentation from the California Department of Public Health, Community Health Equity project.

## V. Adjourn